



Research Articles

Seizures and Headaches: They Don't Have to Go Together

Everyone has some kind of headache at one time or another. But if you have epilepsy, your chances of suffering with headaches are greater than average. Headaches may occur before seizures and are common after tonic-clonic seizures. In rare cases, the brain wave changes seen on the EEG show that a headache can actually be the only symptom of a seizure. If you have a seizure disorder, you are twice as likely to have migraine headaches. And adding worries about having a seizure to the everyday stress of life may even increase your chances of having an uncomfortable tension headache.

The most common headache associated with epilepsy is called a postictal headache, meaning that the headache occurs after seizure activity. It is estimated that 45% of people with epilepsy have postictal headache. It most frequently occurs after tonic-clonic seizures but can also follow simple and complex partial seizures. The pain of a postictal headache is widespread. It can be steady or throbbing and its intensity can range from mild to severe. These headaches usually last between about 6 and 24 hours, or sometimes even longer. They may be quite disabling, causing you to lose additional time out of your normal activities.

Less commonly, a headache may be a sign that a seizure is approaching. These headaches are called pre-ictal because they occur before the seizure activity starts. They are one type of aura, the symptoms that warn of a coming seizure. These headaches are generally brief. They can be throbbing, steady, or sharp. Pre-ictal headaches are said to affect about 20% of people who have seizures that are difficult to control, but they may be under-reported because the seizure may interfere with memory of the headache.

Another fairly common type of headache is the migraine headache. If you have migraines, they can make you quite miserable. They involve pulsating pain on one or both sides of the head, usually accompanied by other symptoms such as nausea, vomiting, or sensitivity to noise or light. About 30% of migraine attacks are preceded by an aura, which may consist of seeing zigzag flashing lights, distorted visual images, or blind spots, or feeling numbness in parts of your body. People who have migraine headaches may have only one a year or may have one every day for several weeks at a time. Migraines share some common features with epilepsy. Like seizures, they can be triggered by stress, fatigue, menstruation, and alcohol. The aura before a migraine is similar to an aura before a seizure. Even the brain activity detected by an EEG may be similarly abnormal during a migraine attack and a seizure. There is some debate among doctors about whether a migraine headache can lead straight into a seizure and be considered a pre-ictal headache.

A rare type of headache in people with epilepsy is the ictal headache. These headaches are actually seizure symptoms. Some pound like a migraine but others are sharp and steady. In some people the pain builds gradually but in others it begins suddenly. Ictal headaches are seen in all types of epilepsy, including generalized epilepsy. There is a type of epilepsy syndrome in children (called benign epilepsy of childhood with occipital paroxysms) in which 25% of the children have headache as their only symptom. Often a mistaken diagnosis of migraine is corrected only when the neurologist determines that an abnormal EEG shows epilepsy.

Is there anything you can do if you have a problem with headaches? Is there anything beyond an occasional aspirin to help you cut them short or avoid them altogether? For many people, even if you have epilepsy, the answer is yes!

Ictal headaches, the rare kind that are actually seizure symptoms, will disappear if seizure medicine can control the epilepsy brain waves. The other types of headaches generally must be treated separately from your seizure disorder.

Basically there are two medical approaches to treat your headaches. The first approach is to wait until a headache begins and then stop it. Over-the-counter pills like aspirin, Tylenol (acetaminophen) or Advil (ibuprofen) may do the job, or you may need a prescription for something like Anaprox (naproxen) or Fiorinal (a combination of butalbital, aspirin, and caffeine). For migraine headaches, which involve the blood vessels in the brain, prescription medications called triptans are especially effective. Brand names for various types include Imitrex, Zomig, Amerge, and Maxalt. The triptans are available in several forms. Which one your doctor prescribes will depend on your needs and preferences.

The second approach is to prevent headaches from occurring at all. Your doctor may call this "prophylactic" (pro-fuh-LACK-tic) treatment or "prophylaxis" (pro-fuh-LACK-sis). In this kind of treatment, you take medication every day to prevent future headaches. The seizure medicine Depakote (valproate) is approved for use in preventing headaches and might be the first choice when both headaches and seizures need treatment. Other medications often used to prevent headaches include beta-blockers such as Inderal (propranolol), calcium channel blockers such as verapamil, and Elavil (amitriptyline).

The thing to remember is that if you are having headaches in addition to your seizures, don't be afraid to seek treatment for both conditions. Treating your headaches probably will not interfere with the control of your seizures and you will be free to enjoy life more fully!

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